



### Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	30 th Represent	atin Dimon	at 1	ann'tte	
Account Number:			Date of	this Report: 1/20 Jo	8
REPORTING PERIOD:	FROM:	1107	. TO:	12/31/09	-
Check the box that applies	to this report:				
Primary Election General Election Other Election Special Election	□ 8-DAY □ 8-DAY □ 8-DAY □ 8-DAY	☐ 30-DAY ☐ 30-DAY ☐ 30-DAY ☐ 30-DAY		Office:	
Year End Report	Completed Acti	vities (Terminate)		Teminatio	n Date:
I authorize that all informative regulations regarding Can the Office of the State Elec	paign Finance and the	lection process in t	he State	of Delaware. I understand	I that representatives from
TREASURER SIGNATURE	. ε. Cx				DATE 1/20/08
CANDIDATE SIGNATURE					DATE
					700101061201



### STATEMENT OF ACCOUNT BALANCE

AC	COUNT #		REPORTING PERIOD:	FROM	12/31/07 TO
1.		ING BALANCE Out Balance from last reporting period)			#426,09
2.	RECEIP	TS:			
	A.	SCHEDULE A - TOTAL RECEIPTS	S		609.38
	В.	SCHEDULE C-1 - TOTAL IN-KIND	(NON CASH) RECEIPTS		0
	c.	SCHEDULE D-1 - LOANS RECEIV	ED AND DEBTS INCURRED		Ō
	D.	SCHEDULE E - INTER COMMITT	EE (SHARED) EXPENSES RECE	EIVED	e
	E. 5	UBTOTAL (Total of A, B, C, D)			609.38
3.	EXPEN	DITURES:			
	F.	SCHEDULE B - TOTAL EXPENDI	TURES		163.11
	G.	SCHEDULE C-2 - TOTAL IN-KINI	EXPENSES (IN KIND RECEIP	TS USED)	- ŧ
	H.	SCHEDULE D-2 – LOANS AND DE	BTS OUTSTANDING		0
	I.	SCHEDULE E - INTER COMMITT	TEE (SHARED) EXPENSES PAID	)	0
	J.	SUBTOTAL (Total of F, G, H, I)			×/63.11
4.		G BALANCE ning Balance plus 2E, minus 3J)			* 872.36
5.	NON-CA	SH ASSETS (IN KIND RECEIPTS NOT Y	(ET USED (From Schedule F)		&
6.	DISPOS	ITION OF LEFT OVER ASSETS (CLOSIN	NG COMMITTEE) (From Schedu	le G)	
7.	LOANS	AT END OF PERIOD (Loan Balance from	Schedule D-2)		e
8	CLOSE	OUT BALANCE (Must equal zero if Com	mittee closed)		3



# **SCHEDULE A - TOTAL RECEIPTS**

ACCT #:	REPORTING PERIOD:	1/1/02-	12/3/107	
		FROM	то	
over \$50. NOTE: If you rece	0 for the reporting period. Receipts from sales of items must be itemieive funds from the same person or organization several times during ed if the aggregate amount is over \$100, even if the individual amount	the reporting		

Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
	Pearl Deloware Demons Clab		# 174.38 # 435.00	* 174.38
****				
				5
				7578
CEIPTS IN	N EXCESS OF \$100			¥ 609.38
			· · · · · · · · · · · · · · · · · · ·	B
OTAL REC	EIPTS			* 609.38
	Type	Type Name    Central Delower Demonst Chil	Type Name Mailing Address    Cotat Delower Demonst Class	Type Name Mailing Address Amount    Crata   Delower Demons   Class   9/35,00     Take Basket Sales   9/35,00     Take Basket S



#### **SCHEDULE B - TOTAL EXPENDITURES**

emize all expendit				FROM	TO
the amount. NOT ust be listed if the	TE: IF you expend funds to the aggregate amount is over \$1	ing period. All expenditures to Political Co e same person or organization several time 00, even if the individual amounts are not	es during the reportin	emized, regardless ag cycle, each item	i. E
Date Date	IN EXCESS OF \$100: Payee	Payee	Reason	Aggregate	Amount
Expended	Name	Mailing Address	Code	Amount	Expended
		-			
					<del>                                     </del>
					<del>                                     </del>

TOTAL EXPENDITURES IN EXCESS OF \$100

UN

TOTAL EXPENDITURES NOT IN EXCESS OF \$100

# 163.11

GRAND TOTAL EXPENDITURES

\* 163,11

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)



# SCHEDULE C-1 - TOTAL IN-KIND (NON CASH) RECEIPTS

ACCT #:		REPORTING PERIOD:		2/3/107
			FROM	TO
NOTE: If you receated item must b	ceive in-kind contributions from t e listed if the aggregate amount FRIBUTIONS IN EXCESS OF	narge or less than fair market value in on the same person or organization several is over \$100, even if the individual am \$100: RKET VALUE LESS ANY PAYMENTS YO	I times during the reporting ounts are not.	period,
Date	Contributor	Contributor	Description	
Received	Name	Mailing Address	Contribut	
		OF THE STATE OF TH		
			-	
TOTAL IN-KIN	ND RECEIPTS IN EXCESS OF	F \$100		8
WAR A M WAT TIES	ND RECEIPTS NOT IN EXCE			

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)

GRAND TOTAL IN-KIND RECEIPTS



# SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES (IN KIND RECEIPTS USED)

ACCT#:		REPORTING PERIOD:	1)1107 - 12/31	107
			FROM	то
NOTE: If you p each item must	ay in-kind expenditures to the sa be listed if the aggregate amoun	narge or less than fair market value in exce me person or organization several times di t is over \$100, even if the individual amou	uring the reporting period,	period.
	ENDITURES IN EXCESS OF TED VALUE EXPENDED IS FAIR M	\$100: IARKET VALUE LESS ANY PAYMENTS YOU	RECEIVED FOR THE GOODS	OR SERVICES)
Date Expended	Person or Activity Name	Person or Activity Location or Mailing Address	Description o Expenditure	f Estimated
			40	
		4		
TOTAL IN-K	IND EXPENDITURES IN EXC	CESS OF \$100		X
TOTAL IN-KI	IND EXPENDITURES NOT I	N EXCESS OF \$100		0
	venterone ocea outstanding francoine to (1507). Th			1
GRAND TOT	AL IN-KIND EXPENDITURE	S		1
(THIS TOTAL SE	HOULD ALSO APPEAR ON PAGE 2,	STATEMENT OF ACCOUNT BALANCE, ITE	M 3G)	



#### SCHEDULE D-1 - LOANS RECEIVED AND DEBTS INCURRED

ACCT #:		REPORTING PERIOD:	1/1/07 - 12/21/07		
			FROM		то
All loans and debts i	n excess of \$50 RECEIVED DURING THIS RE	PORTING PERIOD should be itemized on this schedule. NO	TE: These loans must also be listed on Schedule D-2.		
LOANS RECEIVE	D IN EXCESS OF \$50:				
Date	Obligated To (Name)	Endorser Name	Description	Int	Amount
Received	And Mailing Address	and Mailing Address	of Security	Rate	Received
			¥/		
		-1			
				-	
				_	
				$\perp$	
					R
	ND DEBTS RECEIVED CEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEN	THE OF LOCALIST BULLINGS INTO A STATE OF THE		1	0



#### SCHEDULE D-2 - LOANS AND DEBTS OUTSTANDING

CCT#:	- 74 <u></u>				REPORTING PE	RIOD.	FROM	TO
outstandin	g loans and debts in excess of \$50	must be listed. This includes loans from Lene	ding Institutions, Candidate's Personal Fu	and Other Cont	ributors.			
	XCESS OF \$50:			1 7.7			· ·	7)
Date	Obligated To (Name) And Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance	
eceived								11
Received								

TOTAL LOANS AND DEBTS OUTSTANDING

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 7)



1/1/07- 12/31/07 FROM TO

REPORTING PERIOD:

# SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES

ACCT #:

	reimbursements received by you and paid by you must be		······································		
Date Received	SEMENTS RECEIVED (Monies paid to you as reimbu Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
			-		
			+		
TOTAL RI	EIMBURSEMENTS RECEIVED FROM OTHER COM	MMITTEES			0
	EMENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE  SEMENTS PAID (Monies paid by you to reimburse other pages Name)		Activity	Total	Reimbursement
Paid	and Mailing Address	of Activity	Date	Expense Amount	Paid
				9	
					6
	EIMBURSEMENTS PAID				6
	EIMBURSEMENTS PAID EMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, ST	'ATEMENT OF ACCOUNT BALANCE, ITEM 31)			€



# SCHEDULE F - NON-CASH ASSETS (IN KIND RECEIPTS NOT YET USED)

ACCT #:		REPORTING PERIOD:	1/1/07- 10	131/07
contributed to the orga		ose paid for by the organization, lent to	FROM	ТО
LIST ALL NON-CA				
Date	Description	Location		Value
Received	of Asset	of Asset (Physical A	Address)	of Asset
	14			
	The state of the s			
				,
TOTAL NON CASH	ASSET VALUE			6
		ENT OF ACCOUNT DATA AND MINE		-
TOTAL ASSET VALUE	SHOULD ALSO APPEAR ON PAGE 2, STATEM	ENT OF ACCOUNT BALANCE, ITEM 5)		



# SCHEDULE G - DISPOSITION OF LEFT OVER ASSETS (CLOSING COMMITTEE)

ACCT#:		REPORTING PERIOD:	1)1109 - /2/31/0 FROM	07
				то то
		the organization during the reporting pe	riod.	
ALL NON-CASH ASS				<del></del>
Date Eliminated	Description of Asset		osition Asset	Value Received
Limmated	UI Asset	017	15561	Received
	±			
	and the second s			
TOTAL ASSETS ELI	MINATED	日		φ_
(TOTAL ASSETS ELIMIN	ATED SHOULD ALSO APPEAR ON PAGE	GE 2, STATEMENT OF ACCOUNT BALANCI	E, ITEM 6)	